



National PTA Reflections® Program

Student Entry Form 2019-2020

“Look Within”



To be completed by Local PTA before distribution to students

FULL LOCAL PTA/PTSA NAME: Clemens Crossing Elementary PTA

LOCAL PTA/PTSA ADDRESS: 103200 Quarterstaff Road, Columbia MD 21044

LOCAL REFLECTIONS CHAIR NAME: Risa Carlson

LOCAL CHAIR EMAIL: reflections@clemenscrossingpta.org LOCAL CHAIR PHONE: 443-538-7472

NATIONAL 8-DIGIT PTA ID # 00016208 COUNCIL _____ STATE Maryland PTA in good standing

STUDENT NAME: _____ GRADE: _____ AGE: _____ CLASSROOM: _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN PHONE _____ PARENT/GUARDIAN EMAIL _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant’s irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the National PTA Reflections Official Rules.

Signature of student

Signature of parent/legal guardian (required if child is under 18 years)

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JUDGING INFORMATION

GRADE DIVISION (Check One)

- PRIMARY (Preschool- Grade 2) HIGH SCHOOL (Grades 9-12)
- INTERMEDIATE (Grades 3-5) SPECIAL ARTIST (All Grades)
- MIDDLE SCHOOL (Grades 6-8)

ARTS CATEGORY (Check One)

- DANCE CHOREOGRAPHY MUSIC COMPOSITION
- FILM PRODUCTION PHOTOGRAPHY
- LITERATURE VISUAL ARTS

TITLE OF ARTWORK: (Avoid using the theme as the title) _____

ARTWORK DETAILS: (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials/equipment & dimensions) _____

ARTIST STATEMENT: (Must be 10 to 100 words describing your work and how it relates to the theme)
